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CONFIRMATION NO. 7613

<b>SERIAL NUMBER</b> 09/247,413	<b>FILING OR 371(c) DATE</b> 02/10/1999 <b>RULE</b>	<b>CLASS</b> 117	<b>GROUP ART UNIT</b> 1765	<b>ATTORNEY DOCKET NO.</b> NOVA-P033-T	
<b>APPLICANTS</b> YU-HWA LO, ITHACA, NY; FELIX EJECKMAN, ITHACA, NY; ZUHUA ZHU, ITHACA, NY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/26/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Richard Tompane GEMFIRE CORPORATION 1220 Page Avenue Fremont ,CA 94538					
<b>TITLE</b> METHOD FOR DESIGN OF EPITAXIAL LAYER AND SUBSTRATE STRUCTURES FOR HIGH-QUALITY EPITAXIAL GROWTH ON LATTICE-MISMATCHED SUBSTRATES					
<b>FILING FEE RECEIVED</b> 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/247,413	FILING DATE 02/10/99	CLASS 428	GROUP ART UNIT 1775	ATTORNEY DOCKET NO. NOR-9
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APPLICANT	YU-HWA LO, ITHACA, NY; FELIX EJECKMAN, ITHACA, NY; ZUHUA ZHU, ITHACA, NY.
	<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED _____
	<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED _____
	<b>**FOREIGN APPLICATIONS*****</b> VERIFIED _____
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/26/99 ** SMALL ENTITY **	

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	SEE CUSTOMER NUMBER: 020808

TITLE	METHOD FOR DESIGN OF EPITAXIAL LAYER AND SUBSTRATE STRUCTURES FOR HIGH-QUALITY EPITAXIAL GROWTH ON LATTICE-MISMATCHED SUBSTRATES

FILING FEE RECEIVED \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/247,413	FILING DATE 02/10/99	CLASS 117	GROUP ART UNIT 1765	ATTORNEY DOCKET NO. NO#-9
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APPLICANT YU-HWA LO, ITHACA, NY; FELIX EJECKMAN, ITHACA, NY; ZUHUA ZHU, ITHACA, NY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/26/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 020808

25181

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TITLE METHOD FOR DESIGN OF EPITAXIAL LAYER AND SUBSTRATE STRUCTURES FOR  
HIGH-QUALITY EPITAXIAL GROWTH ON LATTICE-MISMATCHED SUBSTRATES

FILING FEE RECEIVED \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other- _____ <input type="checkbox"/> Credit
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